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### Pay Period Dates

Begins \_\_\_\_\_

Ends \_\_\_\_\_

Employee Name: \_\_\_\_\_

Personnel ID #: \_\_\_\_\_

Agency/Division: \_\_\_\_\_

Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

Make sure you give a copy of your timesheet to your supervisor.

**THIS IS VERY IMPORTANT!**

Confirmation Number \_\_\_\_\_ (FOR FAXED TIMESHEETS ONLY!)

| Week   | Sat  |       | Sun  |       | Mon  |       | Tue  |       | Wed  |       | Thur |       | Fri  |       | Total Regular Hours | Overtime Hours |
|--------|------|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|-------|---------------------|----------------|
|        | Date | Hours | Date | Hours | Date | Hours | Date | Hours | Date | Hours | Date | Hours | Date | Hours |                     |                |
| 1      |      |       |      |       |      |       |      |       |      |       |      |       |      |       |                     |                |
| 2      |      |       |      |       |      |       |      |       |      |       |      |       |      |       |                     |                |
| Totals |      |       |      |       |      |       |      |       |      |       |      |       |      |       |                     |                |

Carefully track your work dates and times; record it in the appropriate spaces. **Before you work on a state holiday, please make sure you have prior approval from your supervisor and have your supervisor initial the holiday time on this timesheet.** Make sure that you have completed **all requested information**, and you and your supervisor have signed your timesheet before submitting it. Refer to the pay schedule for pay period and pay day information. A separate timesheet must be used for each pay period and for new assignments. **A false statement or misrepresentation of hours on a timesheet is a serious violation and may result in dismissal.**

|  |      |  |
|--|------|--|
| I certify that all hours reported have been recorded accurately. |      | <b>TEMPORARY SOLUTIONS OFFICE USE ONLY</b><br>Regular Hours _____<br>Overtime Hours _____<br>Holiday Hours _____<br>Entered By _____<br>Job Order Number _____ |
| Employee Signature   | Date |  |
| I certify that all hours reported have been recorded accurately. |      |  |
| Supervisor Signature   | Date |  |

☐ Temporary Solutions

☐ Employer Copy

☐ Temporary Employee Copy

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